PTO/SB/05 (08-03)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	2890(203-3438)		
	First Inventor	Sartor et al.		
	Title	MOTION DETECTOR FOR CONTROLLING ELECTROSURGICAL OUTPUT		
	Express Mail Label No.	EV349837821US		

	PPLICATION ELEMENTS ter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450				
(Submit an a Applicant of See 37 CF Specificatin (preferred a - Descriptive - Cross Ref Statement - Reference or a complement - Brief Summent - Brief Descriptive - Claim(s) - Abstract of - Claim(s) - Abstract of - Claim(s) - Abstract of - Claim(s) - Claim(s) - Abstract of - Claim(s) - Claim(s) - Abstract of - Claim(s) - Claim(s) - Claim(s) - Abstract of - Claim(s) - Claim(s) - Claim(s) - Claim(s) - Abstract of - Claim(s) -	on [Total Pages	ii. Paper c. Statements verifying ACCOMPANYING AP 9. Assignment Papers (cow 10. 37 CFR 3.73(b) Stateme (when there is an assigne 11. English Translation Docu 12. Information Disclosure Statement (IDS)/PTO-14 Preliminary Amendment 14. Preliminary Amendment 15. Certified Copy of Priority (if foreign priority is claim Nonpublication Request	reflective to the content of the con			
l <u> </u>	ion Data Sheet. See 37 CFR 1.76	or its equivalent.	ust attach form PTO/SB/35			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:						
Continuation Divisional Continuation-in-part (CIP) of prior application No.:						
-	19. CORRESPONI					
Customer I	Number:	OR V Corres	spondence address below			
	ark Farber, Esq.					
	S. Surgical, A Division of Tyco Healthcare Grou O Glover Avenue	ıp, LP				
A'4	rwalk	State Connecticut	Zip Code 06856			
Country US	Te	lephone 203-845-1000	Fax 203-846-5988			
Name (Print/Type)	Edward C. Meagher	Registration No. (Attorney/Agent)	41,189			
Signature)	Date 2/17/04			
CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV349837821US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22913-1450.						
Dated: February 17, 20	04	Edward C. Meagher				

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known					
Application Number					
Filing Date	February 17, 2004				
First Named Inventor	Sartor et al.				
Examiner Name					
Art Unit					
Atternay Dealest No.	2890(203-3438)				

TOTAL AMOUNT OF PATMENT (\$) 170.00	A	ttorne	ey Dog	cket N	lo. [2890(2	03-3438)	
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None	3. ADDITIONAL FEES						
Deposit Account:	Large En	tity	<u>Small</u>	Entity			
Deposit				Fee (\$)	Fee	Description	5 B 11
Account Number 50-2140			2051		Surcharge - late	e filing fee or oath	Fee Paid
Deposit Cortor Dolluge Forrell & Cohmidt LLD		1	2052		_	provisional filing fee or	
Account Name		- 1			cover sheet	-	
The Director is authorized to: (check all that apply)	1053 1 1812 2,5		1053 1812 2		Non-English spe		
Charge fee(s) indicated below Credit any overpayments	•	- 1	1804			est for ex parte reexamination dication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	1004 8	920	1004		Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,8	840*	1805	1,840*	Requesting put	olication of SIR after	
FEE CALCULATION	1251 °	110	2251	55	Extension for re	eply within first month	
1. BASIC FILING FEE	1252 4	420	2252	210	Extension for re	eply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for re	eply within third month	
Fee Fee Fee Fee Description Fee Paid Code (\$)	1254 1,4	480	2254	740	Extension for re	eply within fourth month	į
1001 770 2001 385 Utility filing fee	1255 2,0	010	2255	1,005	Extension for re	eply within fifth month	
1002 340 2002 170 Design filing fee	1401 3	330	2401	165	Notice of Appe	al	
1003 530 2003 265 Plant filing fee	1402 3	330	2402		• • •	support of an appeal	
1004 770 2004 385 Reissue filing fee	1403 2	290	2403		Request for ora		
1005 160 2005 80 Provisional filing fee	1451 1,5	510	1451	1,510	Petition to instit	ute a public use proceeding	
SUBTOTAL (1) (\$) 770.00	1452 1	110	2452		Petition to reviv		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,3	330	2453	665	Petition to reviv	e - unintentional	
Fee from	1501 1,3	1	2501	665	Utility issue fee	(or reissue)	
Extra Claims below Fee Paid Total Claims 14 -20** = 0 X 18.00 = 0.00		480	2502		Design issue fe		
Independent 1 2		640	2503		Plant issue fee		
Claims		130	1460		Petitions to the	Commissioner	
Large Entity Small Entity	1807	50	1807		•	under 37 CFR 1.17(q)	
Fee Fee Fee Fee Description	1806 1	180	1806			nformation Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	property (times	n patent assignment per number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 7	770	2809		Filing a submis	sion after final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid					(37 CFR 1.129)	` ''	
1204 86 2204 43 ** Reissue independent claims	1810 7	770	2810	385	For each addition examined (37 C	onal invention to be CFR 1.129(b))	
over original patent	1801 7	770	2801	385	•	ontinued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 9	900	1802	900	Request for ex of a design app	spedited examination	
SUBTOTAL (2) (\$) 0.00	Other fee	e (spe	cify)				
SUBTOTAL (2) ((\$) 0.00 **or number previously paid, if greater; For Reissues, see above	*Reduce	d by E	Basic F	iling Fe	ee Paid S	SUBTOTAL (3) (\$) 0.00	
SUBMITTED BY		$\overline{}$				(Complete (if applicable))	
Name (Print/Type) Edward C. Meagher		istratio		41,1	189	Telephone (631) 501-5708	3
Signature	(Atto	rney/A	uent).			1= 1 := 0	

SUBMITTED BY			(Complete (if applicable))			
Name (Print/Type)	Edward C. Meagher	Registration No. (Attorney/Agent) 41,189	Telephone (631) 501-5708			
Signature			Date February 17, 2004			

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Dated:

February 17, 2004

Edward C. Meagher